

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022769

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 312

Primary Registration District No. 500

Registrar's No. 1500

FILED MAY 27 1963

VS 300
Rev. 4/59

1 4000

2 4006

3

4 0

5 1

6

7 0

8 1

9 4201

10

11

12 48-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR JEFFERSON BARRACKS TOWN MISSOURI		Length of stay in 1b 1651 DAYS	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8665 DELMAR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES		First CHARLES	4. DATE OF DEATH Month MAY Day 6 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROJECTIONIST		10b. KIND OF BUSINESS OR INDUSTRY MOTION PICTURE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
13a. FATHER'S NAME HENRY SERKES		13b. MOTHER'S MAIDEN NAME FANNIE WILSHER	14. NAME OF HUSBAND OR WIFE MAYME E. SERKES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW-I		16. SOCIAL SECURITY NO. 5	17. INFORMANT Address MAYME E. SERKES (WIFE) 8665 DELMAR ST. LOUIS, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INSUFFICIENCY DUE TO (b) ACUTE MYOCARDIAL INFARCTION DUE TO (c) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS 24 HOURS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis with old Myocardial Infarction		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. V.A. attended the deceased from 10-27-58 to 5-6-63 Death occurred at 10:30PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John J. Mueller (Degree or title) M.D.		22b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	22c. DATE SIGNED 5-7-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/63	23c. NAME OF CEMETERY OR CREMATORY United Hebrew Temple	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR HERMAN RINDSKOPF INC. 5216 DELMAR		25. DATE RECD. BY LOCAL REG. 5-7-63	26. REGISTRAR'S SIGNATURE John B. Murphy

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 7691

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.